



## Town of Wilbraham

### PARKS & RECREATION DEPARTMENT EMPLOYMENT APPLICATION

Return to: Town of Wilbraham, WPRD, 45C Post Office Park, Wilbraham, MA 01095

TODAY'S DATE \_\_\_\_\_

**POSITION(S) APPLYING FOR:** (if more than one please number in order of preference).

**Summer:**

- |   |   |
|---|---|
| <input type="checkbox"/> Adventure Director       | <input type="checkbox"/> Head Lifeguard                       |
| <input type="checkbox"/> Adventure Asst. Director | <input type="checkbox"/> Lifeguard                            |
| <input type="checkbox"/> CIT Director             | <input type="checkbox"/> Sport-o-Rama Director (Fenway Golf)  |
| <input type="checkbox"/> Adventure Counselor      | <input type="checkbox"/> Sport-o-Rama Counselor (Fenway Golf) |
| <input type="checkbox"/> Concession worker        | <input type="checkbox"/> Field Worker                         |

**Seasonal:**

- |             |  |
|-------------|--|
| Soccer:     | <input type="checkbox"/> Referee                                       |
| Basketball: | <input type="checkbox"/> Scorekeeper <input type="checkbox"/> Official |
| Basketball: | <input type="checkbox"/> Gym Supervisor                                |
| Baseball:   | <input type="checkbox"/> Umpire  |
| Softball:   | <input type="checkbox"/> Umpire  |

**Other:** ☐ \_\_\_\_\_

Check days/hours available to work:

☐ Mondays ☐ Tuesdays ☐ Wednesdays ☐ Thursdays ☐ Fridays ☐ Saturdays ☐ Sundays

Hours: \_\_\_\_\_

Name (Last, First, M.I.) \_\_\_\_\_ S.S. # \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other \_\_\_\_\_

Email address: \_\_\_\_\_

Date you are available to start: \_\_\_\_\_

Name of school or college: \_\_\_\_\_

What is the highest educational level you have completed? \_\_\_\_\_

Do you have a valid driver's license? ☐ YES ☐ NO

**EXPERIENCE:**

Please provide your activity record for all volunteer or work experience or education relevant to the position you are applying for: (attach additional sheets if necessary and/or resume) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCE:**

Please provide the name and phone number of at least two persons who can speak to your experience, skills and abilities regarding the position you are applying for:

\_\_\_\_\_  
\_\_\_\_\_

**READ CAREFULLY AND SIGN:**

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions on either this form or during my interview may disqualify me from further consideration for employment and may be considered justification for dismissal. I authorize investigation of all statements contained in this application or made during my interview for employment. I acknowledge that none of the statements made in this application are intended to be, nor should be construed as a contract between the town and myself. I hereby authorize persons, schools, current and previous employers and organizations named in this application to provide any and all information whether personal or otherwise. I release such employers and individuals from all liability for damages whatsoever that may arise from furnishing this information.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK EXPERIENCE

Start with your current or last position. You may include part-time, U.S. military or volunteer experience. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

<b>Employer:</b>  Name  Address  Supervisor  Telephone  May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no	<b>Job Title</b>  Work Performed          	<b>From:</b>     <b>Rate Salary/Rate: Starting:</b>  \$	<b>To:</b>     <b>Final:</b>  \$
<b>Employer</b>  Name  Address  Supervisor  Telephone  May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no	<b>Job Title</b>  Work Performed          	<b>From:</b>     <b>Salary/Rate: Starting:</b>  \$	<b>To:</b>     <b>Final:</b>  \$
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